

Receipt

ReedSmith<sub>LLP</sub>



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RECEIVED

AUG 14 2001

TECHNOLOGY CENTER 2600

#5  
CFR

July 24, 2001

Commissioner for Patents  
Washington, D.C. 20231

Re: Serial No.: 09/302,941 ✓  
Applicant: Veligdan  
Title: INTEGRATED DISPLAY SCANNER  
Filing Date: April 30, 1999 ✓  
Docket No.: BSA 99-06

Dear Sir:

Enclosed are the following for filing in connection with the above-referenced application:

1. Request for Corrected Filing Receipt; and
2. A self-addressed stamped postcard, return of which is requested to acknowledge receipt of the enclosed documents.

The Commissioner is hereby authorized to charge any additional fees due, or credit any overpayment to Deposit Account No. 18-0586.

Sincerely,

Matthew J. Esserman  
Reg. No: 41,536

CERTIFICATE OF MAILING

I hereby certify that this paper, and the papers and/or fees referred to herein as transmitted, submitted or enclosed, are being deposited on the date shown below with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231.

Name Matthew J. Esserman  
Date of Deposit July 24, 2001

Signature

2500 One Liberty Place  
1650 Market Street  
Philadelphia, PA 19103  
215.851.8100  
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Delaware  
New Jersey  
New York  
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Docket No. BSA 99-06

RECEIVED

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE, 2001

In re application of: Veligdan

TECHNOLOGY CENTER 2800

Serial No.: 09/302,941

Group No.: 2876

Filed: April 30, 1999

Examiner: A. Kim

For: INTEGRATED DISPLAY SCANNER

Commissioner for Patents  
Washington, D.C. 20231

REQUEST FOR CORRECTED FILING RECEIPT

1. Attached is a copy of the official filing receipt received from the PTO in the above application for which issuance of a corrected filing receipt is respectfully requested.

2. There is an error with respect to the following data, which is:

☒ incorrectly entered

and/or

☐ omitted.

- |  | <b>Error in</b>             |
|--|-----------------------------|
| 1. <input checked="" type="checkbox"/> | Applicant's name            |
| 2. <input type="checkbox"/>            | Applicant's address         |
| 3. <input type="checkbox"/>            | Title                       |
| 4. <input type="checkbox"/>            | Filing Date                 |
| 5. <input type="checkbox"/>            | Serial Number               |
| 6. <input type="checkbox"/>            | Foreign/PCT Application Re: |
| 7. <input type="checkbox"/>            | Other:                      |

- |    | <b>Correct Data</b>                 |
|----|-------------------------------------|
| 1. | Change "Velligdan" to --Veligdan--. |
| 2. |                                     |
| 3. |                                     |
| 4. |                                     |
| 5. |                                     |
| 6. |                                     |
| 7. |                                     |

3. (complete the following applicable item)

A. ☒ The correction(s) is/are not due to any error by applicant and no fee is due.

OR

CERTIFICATE OF MAILING (37 CFR 1.8)

I hereby certify that this paper, and the papers and/or fees referred to herein as transmitted, submitted or enclosed, are being deposited on the date shown below with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Name Matthew J. Esserman

Date of Deposit July 24, 2001

Signature

B. ☐ At least one of the above corrections is due to applicant's error and the fee therefor, under C.F.R. 1.19(h), of \$25.00 is paid as follows:

☐ Enclosed is check for \$25.00.

☐ Charge Account \_\_\_\_\_ \$25.00.

Reg. No.: 41,536

Tel No.: (215) 241-7951

  
SIGNATURE OF PRACTITIONER

Matthew J. Esserman  
(type or print name of practitioner)

Reed Smith LLP  
2500 One Liberty Place  
1650 Market Street  
Philadelphia, PA 19103-7301  
P.O. Address

FILING RECEIPT



UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office  
ASSISTANT SECRETARY AND COMMISSIONER  
OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKETING NO.	DRWGS	TOT CL	IND CL
09/302,941	04/30/99	2876	\$407.00	BSA99-106	TECHNOLOGY CENTER	235	1

MARGARET C BOGOSIAN  
PATENT COUNSEL  
BROOKHAVEN NATIONAL LABORATORY  
BLDG 475D P O BOX 5000  
UPTON NY 11973-5000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Application Processing Division's Customer Correction Branch within 10 days of receipt. Please provide a copy of the Filing Receipt with the changes noted thereon.

Applicant(s)

JAMES T. ~~VELLIGDAN~~, MANORVILLE, NY.  
VELIGDAN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/21/99 \*\* SMALL ENTITY \*\*  
TITLE  
INTEGRATED DISPLAY SCANNER

PRELIMINARY CLASS: 235

DOCKETED

*July 28, 2001 dhc*

DATA ENTRY BY: BURNS, ERIC

TEAM: 07 DATE: 05/21/99

\*\*\*\*\*

(see r verse)



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Bib Data Sheet

2874 CONFIRMATION NO. 7667

<b>SERIAL NUMBER</b> 09/302,941	<b>FILING DATE</b> 04/30/1999 <b>RULE</b>	<b>CLASS</b> XXX	<b>GROUP ART UNIT</b> <del>2899</del>	<b>ATTORNEY DOCKET NO.</b> BSA99-06
<b>APPLICANTS</b> JAMES T. VELIGDAN, MANORVILLE, NY;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 05/21/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 23
				<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 7066				
<b>TITLE</b> INTEGRATED DISPLAY SCANNER				
<b>FILING FEE RECEIVED</b> 407	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	